Community Action
Partnership of Hennepin County

7101 Northland Circle N, Suite 123
Brooklyn Park, MN 55428
952-933-9639

Vehicle Repair Program

Thank you for contacting Community Action Partnership of Hennepin County (CAP-HC) about the **Vehicle Repair Program**. This packet includes information about program eligibility, required application materials, and instructions for submitting your application. It also includes forms that must be completed as part of your application.

Please review the information in this packet carefully to ensure that you are eligible for the program and your application materials are submitted correctly.

PROGRAM ELIGIBILITY

Please note:

1. The vehicle in need of repair must be less than 20 years old.
2. The Vehicle Repair Program will not cover costs of replacing engines or transmissions.
3. **Applicants may only apply every 24 months** for CAP-HC's Vehicle Repair Assistance program**.**

To be eligible for the program, applicants must:

1. Live in Hennepin County.
2. Be employed or looking for employment.
3. Have a social security card.
4. Have a valid Minnesota driver's license.
5. Have current insurance.
6. Have proof of ownership of the vehicle in need of repair.
7. Have household income that is at or below the Federal Income Guidelines in the table on page 2.

INCOME ELIGIBILITY REQUIREMENTS

Household Size	Maximum Monthly Gross Household Income*	Maximum Annual Gross Household Income*
1	$2,608.33	$31,300
2	$3,525.00	$42,300
3	$4,441.67	$53,300
4	$5,358.33	$64,300
5	$6,275.00	$75,300
6	$7,191.67	$86,300
7	$8,108.33	$97,300
8	$9,025.00	$108,300
9	$9,941.67	$119,300
10	$10,858.33	$130,300

**Gross income—total earnings before taxes and other deductions*

REQUIRED APPLICATION MATERIALS

To Apply for the Vehicle Repair Program

1. Complete the forms in this application packet.
2. Provide proof of the last 30 days of income for all adults in the household.
    - This includes all sources of income, such as wages, public benefits, social security, child support, etc.
    - If you have not received any income for the last 30 days, complete the Verification of Zero Income form (page 12 of this packet).
3. Provide proof of the household size. Examples include a lease listing all household members, a current tax return, or a benefits statement.
4. Provide proof of the Hennepin County address. Examples include a utility bill, benefits statement, or current tax return.

continues

5. Provide a copy of:
    - A valid Minnesota driver's license. Driver's licenses from other states will not be accepted.
    - Current auto insurance for the vehicle in need of repair.
    - Car title, tab renewal receipt, or other proof of ownership of the vehicle in need of repair.
    - Your Social Security card.
    - Financial Wellness training certificate(s) reflecting that 8 hours of training have been completed.

HOW TO SUBMIT YOUR APPLICATION MATERIALS

Please note:

1. Your application is not complete until we receive all required application forms and documentation as specified in the "Required Application Materials" section of this packet. **If your application is submitted without all required materials, it will not be processed.**
2. Allow up to 30 days to process your application. If approved, please allow an additional 30 days for your assistance check to be processed.
3. Submitting an application does not guarantee approval.

You may submit your application forms and documentation as specified above in one of the following ways:

4. **Email** your materials to: vehiclerepair@caphennepin.org
5. **Mail** your materials to: CAP-HC Vehicle Repair
   7101 Northland Circle N, Suite 123
   Brooklyn Park, MN 55428
6. **In person:** Drop off your materials at one of CAP-HC's offices during office hours. Locations and hours can be found at caphennepin.org/locations.

AFTER SUBMITTING YOUR VEHICLE REPAIR PROGRAM APPLICATION

After submitting your application materials, if you are eligible and approved for the program:

1. A CAP-HC staff person will contact you with next steps.
2. All **Vehicle Repair Program clients must complete 8 hours of Financial Wellness training** and submit the completion certificate(s) before vehicle repairs are started. Training hours can be completed via group virtual classes or self-led online training.

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Vehicle Repair Program

Auto Insurance Survey

Today's Date: _____

First Name: _____ Last Name: _____

What is the cost of your auto insurance? $_____

How often do you pay this amount? ❑ 3 Months ❑ 6 Months ❑ Annually

Do you feel that your insurance is too expensive? ❑ Yes ❑ No

Who is your insurance provider?

❑ 21st Century Insurance	❑ Farmers Insurance	❑ Safeco
❑ AAA Insurance	❑ Geico	❑ State Farm
❑ All State	❑ Horace Mann Insurance	❑ The Hartford
❑ Allied Insurance	❑ Liberty Mutual	❑ Travelers
❑ American Family	❑ MetLife	❑ USAA Insurance
❑ Ameriprise	❑ Nationwide	❑ Other: _____
❑ Esurance	❑ Progressive	

❑ I am providing my signature electronically by typing my first and last name below.

_____ _____

Applicant Signature Date

Community Action
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Vehicle Repair Program

Vehicle Information Form

Please list the repairs you would like completed or concerns you have about your vehicle. Start with the most important or biggest concern.

1. _____

2. _____

3. _____

4. _____

5. _____

The Vehicle Repair Program considers your concerns, but the Repair Vendor decides what is the most important and must be fixed. Top priority is given to repairs that are a current or future safety hazard. The vehicle must be considered operable and safe to drive after the repairs.

Additional Funds

You have the option to pay for repairs not paid by the Vehicle Repair Program. If you plan to pay for any additional repairs, you must pay the Repair Vendor first. CAP-HC only releases payment to the Repair Vendor once your portion has been paid.

Do you plan to contribute money to the repair of the vehicle? ❑ Yes ❑ No

If yes, how much are you able to contribute? $_____

❑ I am providing my signature electronically by typing my first and last name below.

_____ _____

Applicant Signature Date

Community Action
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Vehicle Repair Program

Vehicle Repair Guidelines & Requirements

Please **initial each box** to show you understand the guidelines and requirements of the program.

	The Vehicle Repair Program funds can only be used to repair a vehicle owned by the applicant.
	The vehicle must meet all state and federal requirements to be driven on public streets and once repaired, deemed safe to drive.
	Repairs that represent a current or future safety hazard are the priority and must be repaired first.
	Body damage can only be repaired if it directly affects the ability to drive the vehicle or the safety of the vehicle.
	Routine vehicle maintenance such as an oil change, new tires, etc. are allowed. Repairs may not include upgrades, improvements, or luxury items.
	This is a one-time grant for a minimum of $100. The maximum grant amount will be determined based on your application materials and grant eligibility requirements. Vehicle Repair grants do not require repayment. Any balance due beyond the awarded grant amount is not the responsibility of CAP-HC.
	You are not required to use these vendors and may use a vendor of your choice.
	For the Repair Vendor chosen, auto repairs must be their main business. They must have adequate facilities, equipment to make the repairs and provide a W9 and valid proof of General Liability Insurance.
	It is your responsibility to get an estimate for the repairs within 14 days of your conditional approval. Once the estimate is complete you are responsible for submitting the estimate and sending the completed Repair Form to CAP-HC.
	The Repair Vendor who completed the estimate must perform the approved repairs and may not begin until they have received a Letter of Guarantee from CAP-HC.
	Repairs may only include those approved and documented in a Letter of Guarantee and must be completed within 45 days from the date of the letter. Any changes must be approved in advance. Unauthorized changes will not be paid by CAP-HC.
	If at any time the Repair Vendor determines the funds available will not allow the vehicle to be repaired to a level they deem safe to drive, the vehicle will no longer be eligible for Vehicle Repair Program funds.
	If you plan to pay for any additional repairs, you must pay the Repair Vendor first. CAP-HC will only release payment to the Repair Vendor once your portion has been paid.
	By participating in the Vehicle Repair Program you agree to complete a phone survey with staff 90 days and 6 months after the vehicle repair is completed.
	Applicants may only apply every 24 months for vehicle repair assistance.

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Vehicle Repair Program

Waiver and Release of Liability

CAP-HC's Vehicle Repair Program offers limited grant funds to approved applicants in need of repairs or maintenance.

Repair Vendors participating in the Vehicle Repair Program do so based on their willingness to provide discounted services. CAP-HC in no way endorses or recommends any Repair Vendor or assumes any responsibility for the service they provide.

It is understood that the approved applicants will work with any Repair Vendor at their own risk, with the knowledge of potential risks, dangers, and financial cost that such a transaction may involve.

Approved applicants, participants, heirs, and executors hereby release CAP-HC, its officers, directors, and staff from any liability, however caused, due to the repair of the vehicle through the Vehicle Repair Program.

I, the Approved Applicant and Participant, agree to assume all risks associated with repair of the vehicle and the selection of the Repair Vendor.

❑ I am providing my signature electronically by typing my first and last name below.

_____ _____

Applicant Signature Date

_____

Printed Name

Community Action
Partnership of Hennepin County

Authorization to Release Information

Name and/or Company: _____

Address: _____

Phone Number: _____

Email Address: _____

Return information to:
ATTN: _____
7101 Northland Circle N, Suite 123
Brooklyn Park, MN 55428
Counselor: _____
Direct Phone: _____
Direct Fax: _____
Main Office Phone: 952-933-9639

I authorize YOU to release and/or share with CAP-HC the information checked below (MUST be checked prior to signature AND initialed by client):

Initial

_____ ☐ My name, address, and phone number
_____ ☐ My social security number (please list the last four digits of your social security number: _____
_____ ☐ The names, dates of birth, and social security number of my children
_____ ☐ My MFIP provider, case number, training, or employment plan
_____ ☐ Information on resources, benefits, and services I receive from YOU or YOUR programs
_____ ☐ Lender information and information about my credit, including expenses, income, and money I owe
_____ ☐ Information about my housing payments and history (rented or owned)
_____ ☐ Mortgage account and/or loan information (please provide your account or loan #): _____
_____ ☐ Property Address: _____
_____ ☐ Other (foreclosure and/or bankruptcy attorney name and number): _____

I understand that information CAP-HC has about me may be given to or shared with people or organizations according to the CAP-HC Privacy Rights Notice I received from CAP-HC.

The information requested will be used to help me:

- ☐ Obtain energy assistance, emergency assistance, transportation, housing, and other basic needs
- ☐ Receive homeownership services (pre- and post-purchase services)
- ☐ Other: _____

I understand that I am not required to authorize release of information. I also understand that I will not be denied assistance for refusing to agree to release the information requested. However, CAP-HC may not be able to provide or obtain assistance for me if I do not agree.

I understand **this release will expire one (1) year after I have signed it**. I also understand that I can cancel this release at any time, but cancellation will not affect information released before I cancelled my consent.

❑ I am providing my signature electronically by typing my first and last name below.

Signature of Participant(s): _____/_____Date: _____

Name of person signing for participant: _____ Reason Unable to Sign: _____

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INTAKE FORM

This Intake Form can be used to apply for Emergency Rental Assistance, Vehicle Repair, MNsure Application Assistance, and the Employment Readiness Program. **You only need to complete one Intake Form even if you are applying for more than one of these programs. Any additional program-specific forms and/or documentation required will be outlined in each program's application instructions.**

This Intake Form cannot be used to apply for the Energy Assistance or Energy-Related Repair Programs. For information about how to apply for those programs, visit caphennepin.org/eap.

HOW DID YOU HEAR ABOUT US?

❑ CAP-HC Staff	❑ Internet	❑ Newspaper or Magazine Ad
❑ CAP-HC Website	❑ Mailer, Flyer, or Brochure	❑ Partner Agency
❑ Friend or Relative	❑ Mortgage Lender	❑ Other: _____

COMPLETING THIS INTAKE FORM

We need information about you, anyone living in your home, and your household income to determine if you are eligible for services. Our funders require the rest of the information.

YOUR INFORMATION

First Name: _____ Last Name: _____

Address: _____

City: _____ State: MN ZIP Code: _____ County: Hennepin

Phone Number: _____ Email: _____

Do you live in a rural area? ❑ Yes ❑ No	Were you born outside the United States? ❑ Yes ❑ No
Are you a CAP-HC employee? ❑ Yes ❑ No	Are you a CAP-HC board member? ❑ Yes ❑ No
What is your primary or preferred language? _____	Do you want an interpreter? ❑ Yes ❑ No

Work Status:

❑ Employed Full-Time (at least 30 hours)	❑ Unemployed (short-term, 6 months or less)
❑ Employed Part-Time (less than 30 hours)	❑ Unemployed (long-term, more than 6 months)
❑ Migrant Seasonal Farm Worker	❑ Unemployed (not seeking employment)
❑ Retired	

Marital Status:

❑ Single	❑ Divorced
❑ Married	❑ Widowed
❑ Domestic Partner	

HOUSEHOLD INFORMATION

How many people are in your household?: _____

Household Status:

- ❑ Single Person
- ❑ Two Adults – No Children
- ❑ Single Parent
- ❑ Two Parents
- ❑ Multigenerational (3 or more generations)
- ❑ Other: _____

Housing Status:

- ❑ Own
- ❑ Rent
- ❑ Other Permanent Housing
- ❑ Homeless
- ❑ Other: _____

Use these codes to identify Race, Gender, Education Level, and Health Insurance Status of each person in your household below.

Race: I =American Indian/Alaskan Native, A =Asian, B =Black or African American, P =Native Hawaiian or other Pacific Islander, W =White, IW =American Indian & White, IB =American Indian & Black , AW =Asian & White, BW =Black/African American & White, MR =Multi-Race, O =Other, NR =Choose not to respond

Gender: M =Male, F =Female, N =Non-Conforming

Education Level: 8 =0 - 8th Grade, NG =9-12 Non-Graduate, G =High School Graduate, GED =GED, 12 =12th Grade and some post-secondary, CG =2 or 4 year College Degree, GD =Graduate Degree of other post-secondary school

Health Insurance: N =None, DP =Direct-Purchase, M =Military, MCARE =Medicare, MCAID =Medicaid, SC =State Children, SA =State Adult, E =Employer Based

Name of Household Member	Relationship to Applicant	Date of Birth MM/DD/YYYY	Veteran Yes or No	Active Military Yes or No	Disability Yes or No	Hispanic = Yes Not Hispanic = No	See Codes Above			
							Race	Gender	Education Level	Health Insurance
Your Name	Self									

HOUSEHOLD NON-CASH BENEFITS

Check any benefit that you or your household currently receives:

- ❑ Nutrition Assistance (SNAP)
- ❑ WIC
- ❑ Earned Income Tax Credit (EITC)
- ❑ Energy Assistance Program (EAP)
- ❑ Housing Choice Voucher
- ❑ HUD-VASH
- ❑ Permanent Supportive Housing
- ❑ Public Housing
- ❑ Affordable Care Act Subsidy
- ❑ Childcare Voucher
- ❑ Head Start

HOUSEHOLD INCOME				
List the monthly amount of any income that you or your household currently receives. Please use gross income. Gross income is what you earn before taxes and deductions.				
Source of Income	Applicant	Additional Household Member	Additional Household Member	Additional Household Member
Employment (Adults Only)	$_____	$_____	$_____	$_____
Self-Employment (Adults Only)	$_____	$_____	$_____	$_____
TANF/MFIP/GA	$_____	$_____	$_____	$_____
Child Support/Alimony	$_____	$_____	$_____	$_____
Social Security Income (SSI)	$_____	$_____	$_____	$_____
Social Security Disability Income (SSDI)	$_____	$_____	$_____	$_____
Social Security Retirement	$_____	$_____	$_____	$_____
VA Disability Compensation	$_____	$_____	$_____	$_____
VA Disability Pension	$_____	$_____	$_____	$_____
Retirement/Pension	$_____	$_____	$_____	$_____
Unemployment Insurance	$_____	$_____	$_____	$_____
Worker's Compensation	$_____	$_____	$_____	$_____
Private Disability Insurance	$_____	$_____	$_____	$_____
Other: _____	$_____	$_____	$_____	$_____
❑ My household has a financial hardship and has received NO income for the past 90 days.				

ADDITIONAL INFORMATION		
Are you enrolled in the Transit Assistance Program or other transit discount programs?	❑ Yes	❑ No
Do you need to update your voter registration information?	❑ Yes	❑ No
Do you need information on how to apply for child support services in Minnesota?	❑ Yes	❑ No

The information I have provided is true and correct. If needed I will provide documentation to verify my residency, the size of my household and income. I understand completion of this form does not guarantee that I will receive services from Community Action.

❑ I am providing my signature electronically by typing my first and last name below.

_____ _____

Applicant Signature Date

STAFF ONLY

DATE RECEIVED: _____ CAP60 Case #: _____ Family ID #: _____/_____

FORM VERSION: 9/2022 CMAX Client #: _____ Case #: _____

Verification of Zero Income

Complete this form if your household has not received any income for the last 30 days.

Applicant First and Last Name: _____

On your Intake From you stated that your household has a financial hardship and has received NO income for the past 30 days. Please complete this form to confirm your expenses and verify your income.

HOUSEHOLD EXPENSES

Bill/Expense	Monthly Amount	Bill/Expense	Monthly Amount
Rent/Mortgage	$	Car Payment/Insurance	$
Food	$	Gas	$
Heat	$	Cable/Internet	$
Electric	$	Personal Items	$
Phone/Cell	$	Other Expenses	$

Please tell us how you have paid your household expenses.

HOUSEHOLD INCOME

During the last 30 days, did anyone living in your home have these sources of income?:
Please check all that apply.

- ☐ Full-Time Job
- ☐ Part Time Job
- ☐ Self-Employment
- ☐ Workers Compensation
- ☐ Unemployment
- ☐ Social Security
- ☐ Annuity Payments
- ☐ Pension
- ☐ Tribal Payments
- ☐ Rental Income
- ☐ Public Benefits
- ☐ Working for Cash
- ☐ Emergency Assistance
- ☐ Child Support
- ☐ Savings

For members of your household who are over 18 years of age and unemployed:

Name: _____ Last Date of Employment: _____
Name: _____ Last Date of Employment: _____
Name: _____ Last Date of Employment: _____

By signing this form, I affirm that the information I have provided is true and correct.
☐ I am providing my signature electronically by typing my first and last name below.

Applicant Signature: _____ Date: _____

Tennessen Warning – Your Privacy Rights

Minnesota law requires that you are informed of your rights regarding the Private Information we collect from you. Personal information is Private Information under Minnesota law. Private Information can only be shared if you give us your permission or if the law requires it.

Why do we ask for this information?

We ask you for the information so we can:

- Decide if you are eligible for services at Community Action Partnership of Hennepin County;
- Assist you in getting medical, mental health, financial, or social services from other agencies;
- Create reports, do research, audits, and evaluate our programs; and
- To tell you apart from other people who have the same or similar name.

Do you have to answer the questions we ask?

The law does not require you to give us your Private Information. However, without some information, we may not be able to provide you service.

Who can we share the information with?

These are examples of agencies we may share your Private Information with. It does not mean that we will share your information. Please note this is not a complete list.

- City of Plymouth
- Hennepin County Human Services and Public Health Department
- MN Department of Human Services
- MN Housing Finance Agency
- Neighbor Works
- US Department of Housing & Urban Development (HUD)
- US Department of Health & Human Services
- West Central Minnesota Community Action
- Other public or private agencies
- Banks, credit bureaus, creditors, or other financial institutions
- Landlords, rental property managers, or shelters
- Social service, mental health, or medical providers
- Agencies under contract with CAP-HC to provide service
- Anyone required by law

Can I review the Private Information you have about me?

You may ask if we have Private Information about you. If we have your Private Information, you can ask for copies. You can give other people approval to have copies of your Private Information. If you have questions about the information, you can ask us to explain it to you. If you think the information is incorrect you can contact us.

How do I exercise my rights or ask questions?

To exercise your rights or ask questions about the information on this notice, you can speak to the program staff assisting you or contact the Department Director at Community Action Partnership of Hennepin County, 7101 Northland Circle N, Suite 123 Brooklyn Park, MN 55428 or call 952-697-1363.

I understand my rights and have been given a copy of this form.

❑ I am providing my signature electronically by typing my first and last name below.

_____

Print Full Name

_____

Signature Date

This notice is available in other languages or formats upon request.

Community Action
Partnership of Hennepin County

HOW TO FILE A COMPLAINT

Community Action Partnership of Hennepin County wants to provide you with the best service.

If you are unhappy with the service or do not agree with the decision about your eligibility for a service, start by talking to the program staff.

If this does not help, you can contact the department director at 952-697-1303. The department director will work with you and the staff to try to resolve your concern.

❑ I am providing my signature electronically by typing my first and last name below.

Applicant Signature	Date
Staff Signature	Date